



HAYES,  
SOLOWAY,  
HENNESSEY,  
GROSSMAN  
& HAGE, P.C.

175 CANAL STREET  
MANCHESTER, NH  
03101-2335 U.S.A.  
TEL 603-668-1400  
FAX 603-668-8567  
FAX 603-668-0104

Docket No.: NEC 99641  
Date: March 14, 2000



**BOX PATENT APPLICATION**  
COMMISSIONER OF PATENTS & TRADEMARKS  
WASHINGTON, D.C. 20231

Dear Sir:

Transmitted herewith for filing is the patent application of:

**Inventor:** Satoshi Ishizaka and Kazuo Nakamura  
**For:** Magnetic Signal Transmission Line

Enclosed are the following:

[ ] Letter: SUBMISSION OF INCOMPLETE APPLICATION  
[ X] Specification 11 pages; Claims 3 pages; Abstract 1 page  
[ X] Declaration and Power of Attorney  
[ X] sheet(s) of drawings 3 pages  
[ X] An assignment of the invention to: NEC Corporation  
[ ] A verified statement to establish small entity status  
[ X] A certified copy of Japanese application No. 11-76373 filed March 19, 1999  
[ ] Prior Art Disclosure Statement  
[ ] Preliminary Amendment

Priority is hereby claimed under 35 USC 119 by way of Japanese patent application  
No. 11-76373 filed March 19, 1999  
11-76389 March 19, 1999

Benefit is hereby claimed under Title 35, United States Code 119(e) of United States provisional application  
No. filed .

The filing fee has been calculated as shown below:

	SMALL ENTITY	LARGE ENTITY
<b>BASIC FEE:</b>	\$ 345.00	\$ 690.00
<b>TOTAL CLAIMS:</b>	16 - 20 = -0- x 9 =	x 18 = -0-
<b>INDEPENDENT CLAIMS:</b>	2 - 3 = -0- x 39 =	x 78 = -0-
<b>MULT. DEPEND. CLAIMS:</b>	+130 =	+260 = -0-
<b>TOTAL:</b>	\$	\$ 690.00

[X] A check in the amount of \$ 730.00 is enclosed to cover the fees.  
[X] (\$40.00 Assignment recordal fee is included)

The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16  
or credit any overpayment to Deposit Account No. 08-1391.

*Norman P. Soloway*  
Attorney of Record

Norman P. Soloway, Reg. No. 24,315

**CERTIFICATE OF EXPRESS MAILING**

"Express Mail" Mailing Label No. EL469442732US Date of Deposit March 14, 2000

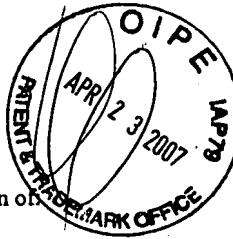
I hereby certify that this paper and the papers listed thereon are being deposited with the United States  
Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above,  
and is addressed to BOX PATENT APPLICATION, Assistant Commissioner of Patents, Washington, D.C.  
20231.

Signature of person mailing: *Kristine Stevens*  
Name of person mailing: Kristine Stevens

*MPJ. MAP*  
HAYES,  
SOLOWAY,  
HENNESSEY,  
GROSSMAN  
& HAGE, P.C.  
175 CANAL STREET  
MANCHESTER, NH  
03101-2335 U.S.A.  
TEL 603-668-1400  
FAX 603-668-8567  
FAX 603-668-0104

Docket No.: NEC 99641  
Date: March 14, 2000

BOX PATENT APPLICATION  
COMMISSIONER OF PATENTS & TRADEMARKS  
WASHINGTON, D.C. 20231



Dear Sir:

Transmitted herewith for filing is the patent application of

Inventor: Satoshi Ishizaka and Kazuo Nakamura  
For: Magnetic Signal Transmission Line

Enclosed are the following:

Letter: SUBMISSION OF INCOMPLETE APPLICATION  
 Specification 11 pages; Claims 3 pages; Abstract 1 page  
 Declaration and Power of Attorney  
 sheet(s) of drawings 3 pages  
 An assignment of the invention to: NEC Corporation  
 A verified statement to establish small entity status  
 A certified copy of Japanese application No. 11-76373 filed March 19, 1999  
11-76389 filed March 19, 1999  
 Prior Art Disclosure Statement  
 Preliminary Amendment

Priority is hereby claimed under 35 USC 119 by way of Japanese patent application  
No. 11-76373 filed March 19, 1999  
11-76389 filed March 19, 1999

Benefit is hereby claimed under Title 35, United States Code 119(c) of United States provisional application  
No. \_\_\_\_\_ filed \_\_\_\_\_.

The filing fee has been calculated as shown below:

		SMALL ENTITY	LARGE ENTITY
BASIC FEE:		\$ 345.00	\$ 690.00
TOTAL CLAIMS:	16 - 20 = -0-	x 9 =	x 18 = -0-
INDEPENDENT CLAIMS:	2 - 3 = -0-	x 39 =	x 78 = -0-
MULT. DEPEND. CLAIMS:		+130 =	+260 = -0-
TOTAL:		\$	\$ 690.00

A check in the amount of \$ 730.00 is enclosed to cover the fees.  
 (\$40.00 Assignment recordal fee is included)

The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16  
or credit any overpayment to Deposit Account No. 08-1391.

*Norman P. Soloway*  
Attorney of Record  
Norman P. Soloway, Reg. No. 24,315

CERTIFICATE OF EXPRESS MAILING

"Express Mail" Mailing Label No. EL469442732US Date of Deposit March 14, 2000

I hereby certify that this paper and the papers listed theron are being deposited with the United States  
Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above,  
and is addressed to BOX PATENT APPLICATION, Assistant Commissioner of Patents, Washington, D.C.  
20231.

Signature of person mailing: Kristine Stevens  
Name of person mailing: Kristine Stevens



**RECEIVED** PATENT APPLICATION

Appn. of:	Ishtzaka et al
Filed:	March 14, 2000
For:	MAR 24 2000 Magnetic Signal Transmission Line
Docket:	NEC 99641

Received: 1 Check for \$730.00  
HAYES, SOLOWAY, HENNESSY,  
GROSSMAN & PAGE  
2 Transmittal letter

3. Spec (11 pgs) Claims (3 pgs) Abstract (1 pg)  
with Declaration (2 pgs) affixed thereto  
4. Drawings (3 pgs)  
5. Assignment/cover sheet (3 pgs)  
6. Certified Copy 11-76373  
7. Certified Copy 11-76389

JC530 U.S. PTO  
09/525183  
03/14/00

3/14/00- KLS

Is your RETURN ADDRESS printed on the reverse side? **NO**

<b>SENDER:</b> NEC 5050 NEC 991641 <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.	I also wish to receive the following services (for an extra fee): <input type="checkbox"/> Addressee's Address <input type="checkbox"/> Restricted Delivery
<b>RECEIVED</b> <b>RECEIVED 1000</b> 16 APR 9 2007 EL46944273ZUS 4b. Service Type <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Insured HAYES, SOLOWAY, HENNESSEY GROSSMAN & HAGE <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD <b>POST MAIL CENTER</b>	
3. Article Addressed to:  Assistant Commissioner of Patents Washington, D.C. 20231	8. Addressee's Address (Only if requested and fee is paid)
4. Article Description:  BOX PATENT APPLICATION	
5. Received By: (Print Name)	
6. Signature (Addressee or Agent)	

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

## POST OFFICE TO ADDRESSEE

### ORIGIN (POSTAL USE ONLY)

PO ZIP Code <b>03101</b>	Day of Delivery <input checked="" type="checkbox"/> <b>1</b> Noon <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date in <b>3/14/00</b>	Postage <input type="checkbox"/> <b>1575</b>	
Mo. Day Year <b>16/48</b>	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee <b>125</b>
Time In <b>1648</b>	Int'l Alpha Country Code	COD Fee <input type="checkbox"/>
Weight <b>1</b> lbs. <b>1</b> ozs.	COD Fee <input type="checkbox"/>	Insurance Fee <input type="checkbox"/>
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance/Clerk Initials <b>PHC</b>	Total Postage & Fees <b>\$ 1700</b>

### CUSTOMER USE ONLY

METHOD OF PAYMENT: **X-031071**

Federal Agency Acct. No. or  
Postal Service Acct. No.

FROM: (PLEASE PRINT)

PHONE ( )

HAYES, SOLOWAY, HENNESSEY  
GROSSMAN & HAGE  
175 CANAL ST 4TH FL  
MANCHESTER NH 03101-2335

NEC 5050 NEC 991641

PRESS HARD.

FOR PICKUP OR TRACKING CALL 1-800-222-1811

[www.usps.gov](http://www.usps.gov)

You are making 3 copies.

TO: (PLEASE PRINT)

PHONE ( )

ASSISTANT COMMISSIONER  
FOR PATENTS  
WASHINGTON DC 20231

BOX PATENT APPLICATION



Customer Copy  
Label 11-F July 1997



**EL46944273ZUS**

SEE REVERSE SIDE FOR  
SERVICE GUARANTEE AND LIMITS  
ON INSURANCE COVERAGE



**PATENT APPLICATION**

**Appln. of:** Ishizaka et al  
**Filed:** March 14, 2000  
**For:** Magnetic Signal Transmission Line  
**Docket:** NEC 99641

**Received:**

1. Check for \$730.00
2. Transmittal letter
3. Spec (11 pgs) Claims (3 pgs) Abstract (1 pg) with Declaration (2 pgs) affixed thereto
4. Drawings (3 pgs)
5. Assignment/cover sheet (3 pgs)
6. Certified Copy 11-76373
7. Certified Copy 11-76389

3/14/00- KLS

11234  
HAYES, SOLOWAY, HENNESSEY,  
GROSSMAN & HAGE, PROFESSIONAL CORPORATION  
175 CANAL STREET  
MANCHESTER, NH 03101  
(603) 668-1400

BANK OF NEW HAMPSHIRE  
MANCHESTER NH 03101  
54-7114

3/14/2000

PAY TO THE Commissioner of Patents ORDER OF  \$ \*\*730.00

Seven Hundred Thirty and 00/100

DOLLARS  
Security features included.  
Details on back.

MEMO NEC 99641 - filing fee - Fusoh

Kristen Stevens